## **FEC FORM 9**

## MECEIVED DERAL ELECTION DEMMISSION DESCRIPTION 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

ELECTION ELECTION	A 11: 20
1. Person Making the Disbursements/Obligations	
(a) Name AMERICAN RIGHTS AT WORK	
(b) Address (number and street)	2. FEC Identification Number
(c) City, State and ZIP Code Washington, DC 20036	C
	(e) Occupation
3. Is This Statement or 4. Covering Period  Amended	09 09 2008 through
5. (a) Date of Public Distribution(s) 09 2008 (b) Com	munication Title See Saw NH
6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Corporation, Labor Organization or Qualified Nonprofit Corporation material (e) Other, specify:	
7. If the filer is an individual, unincorporated organization or qualified were the disbursements made exclusively from donations to a segn	
8. Custodian of Records (a) Name  Kimberly Taylor	
(b) Address (number and street)  1100 17th Street, NW Swite 950 (c) City, State and ZiP Code	
Washington, DC 20036	
\-\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(e) Occupation Finance Officer
9. Total Donations This Statement	000
10. Total Disbursements/Obligations This Statement	14464000 instantion that the second
Under penalty of perjury, I certify that this statement is true, correct and complete.	ly A Francis
TYPE OR PRINT NAME OF PERSON COMPLETING FORM	14 A. Freeman  DATE 09-10-2009
SIGNATURE SUMMENT SIGNATURE  NOTE: Submission of laise, error sous or incomplete information may subject the person signing.	

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